THE OLDER PERSON in THE HOME

Some Suggestions for Health and Happiness in The 3-Generation Family

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CONTENTS

Introduction

One of the great developments of the 20th century is the increase of older people in the American population. There are now more than 14 million men and women in the United States who are 65 or over; about 5 million of them are over 75. Moreover, life expectancy rates are continuing to rise. The person who is now 50 has an even chance of living another 25 years; the 65 year old, another 13 years; the 75 year old, another 8 years.

The growing opportunity of living to a ripe old age has brought increased interest in ways of getting the most from the added years. A happy, healthy, and independent old age is one of our major goals today.

Among the most important problems facing the older person are those of economic security, physical and mental health, and housing or living arrangements.

The problem of economic security is being met, in part, by the Social Security system and other retirement and pension programs. Most older people are now assured some income of their own, although the economic problem is still a substantial one in the later years.

Progress in meeting the health needs of older people is more recent and more limited in nature. Nevertheless, much is known about preventing illness, retarding the progress of certain diseases, and reducing the handicapping effects of disabilities. The tremendous amount of research now under way on diseases prevalent among older people and on the aging process itself gives promise that more and more people will eventually enjoy a healthier old age.

Another major problem that confronts many older people is that of making satisfactory living arrangements. This problem is probably even more acute today than it was at the turn of the century. At that time, almost two-thirds of the population lived on farms or in small towns where homes were roomy and grandma or grandpa could fit easily into the family life of

a married child. With light household or outdoor chores to do and lifelong friends and neighbors about, the older member of the household kept busy and cheerful.

Today, however, almost two-thirds of our population live in cities and suburbs. Homes and apartments tend to be small. Labor-saving devices do many of the tasks that used to keep old folks busy. People move frequently so that the friends of former years often live in distant places. For all these and other reasons, it is harder to maintain a successful three-generation family than it used to be.

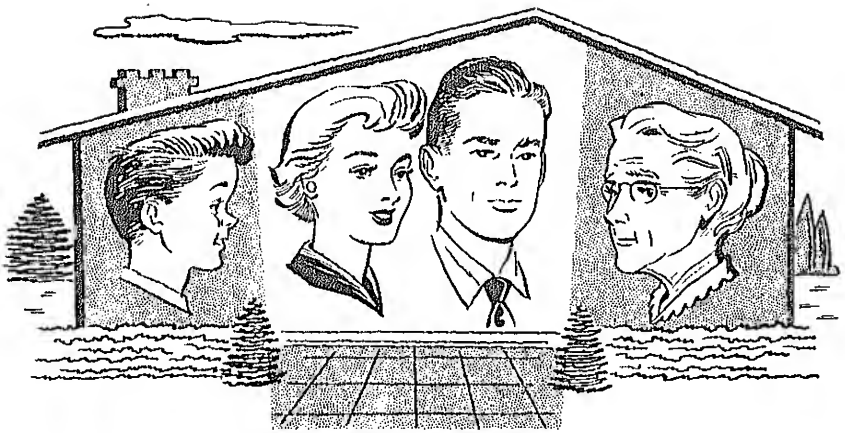
According to a recent estimate of the Bureau of the Census, about three million older people are living in the homes of married children or other close relatives. For these people and the families with whom they live, building a happy home life sometimes presents a real challenge. At the same time, it is an opportunity to make a substantial contribution to a better life in the later years.

This booklet is intended to be of help to households in which there are one or more members in the upper age brackets. In space so limited, it is not possible to take into account the full range of situations—the resources and facilities, personalities and attitudes—that make each household unique. Insofar as possible, however, this is an attempt to deal with some of the problems—and rewards—that arise when three generations of an average family live under the same roof.

Part I outlines a few basic principles of three-generation living and the give and take adjustments essential to its success.

Part II discusses the more difficult problems that arise when the eldest member of the family is seriously handicapped.

Part III gives a few pointers to consider if it seems best that the older person move into a place especially designed for the aged.



Part I

The Pattern of Three Generation Living

An elderly person in fairly good physical and mental health can be quite independent.

In fact, just within the last few years, the outlook for the elderly has changed tremendously. New devices that minimize physical handicaps are coming on the market all the time. Knowledge about ways of maintaining good mental and emotional health is also increasing. Consequently, many an old person who would once have required constant waiting on can now look after himself and even help others. Moreover, much is now known about how to prevent minor handicaps from growing into major ones.

Basically, the needs of people of all ages are the same. We all need, for example, to be loved, to feel useful, to have a sense of personal worth and to enjoy the respect of other people. Successful three-generation

family life, just as any family life, depends on how well each of these needs is met for each member of the family.

It is more difficult to achieve this goal, however, when an elderly relative moves into the home and takes space that the other members have previously been using and when the new member has habits and patterns of living that are different from those of the rest of the family.

Since flexibility—of mind as well as of body—often lessens with age, it is frequently the younger members of the family who have to make most of the adjustments. When this is done in good spirit, the aged member, too, will usually respond with amazing resiliency, doing his best to contribute his full share to the welfare and happiness of the whole family.

Establishing happy relationships at the outset and maintaining them through whatever stresses and strains arise are goals the whole family must make an effort to reach. You'll find some good, specific tips on how to do it in the publications listed under "Mental Health" in the bibliography, page 31.

Although much depends upon the personal attitudes of each member of the family, there are also many tangible things that can be done to make the adjustments easier for all concerned. These include thoughtful planning of the living quarters for the aged person and helping him to find and use services that will promote his physical and mental health.

Living Arrangements

Privacy without isolation is a factor of first importance. The aging member's room should be one with the family household, yet his or her exclusive domain—not easy, but possible. The right to be alone should be respected; the opportunity to entertain self-selected friends created. Both give a reassuring sense of independence retained.

Weakened muscles, stiffened joints, a toil-tired heart, can make stair climbing a severe hardship, often dangerous, for a person in the higher age brackets. If your home is of more than one story, the living quarters of the aged member should, if possible, be on the ground floor—provided there are bath and toilet facilities on that floor. In any event the room should be next or close to a bathroom or fitted up with a commode, basin, and pitcher of water. The sunnier the better. The section on accident

prevention, while it applies to the whole house, is especially important to consider in arranging the older person's own room.

Furnishings

The older person should decide what he wants in the room. Pieces of furniture and other possessions from his own home often give a sense of continuing proprietorship. And since it is his (or her) home, let him keep it the way he wants it. Hobbies may make a room untidy, but they are great insurance for continued health and happiness. Let the decision about when and how to clean the room remain with the occupant. Your compliments after it is cleaned, of course, may help to get it done more often. But consider the place his—and his responsibility—not yours.

Warmth

The need for bodily warmth becomes more and more acute as one gets older. In chilly or cold weather, there should be facilities for keeping the aging person's room well heated. If you have an air furnace, you may be able to have the air ducts adjusted to throw more heat into the room. With a hot water furnace, you may need an extra radiator installed. Be sure all radiators are shielded because many an aged person has been burned by stumbling against or touching a piping hot radiator. Be wary of any type of portable space heater. If you use one, talk to your health department, your fire marshal, or the utility company's representative about safety and be sure that you and the elder member of your family practice all safety precautions.

Accident Prevention

Avoidance of accidents is a very special concern if you have an aged person in the family. The elderly are more likely to have accidents and the handicapping effects last longer. So don't delay in taking a few simple precautions that may prevent suffering and worry.

Polished floors and scatter rugs often cause slips and falls. Such accidents can mean real disaster for brittle bones. Tack-down carpets or large, firm rugs make the safest floor coverings.

420851 O—57——2

A *night light* in the old person's room, as well as in hallway and bathroom, is important because older people often have to go to the bathroom in the night. This is another reason why it is a good idea for the aged person to have the room nearest the bath and away from steps and other pitfalls.

The bathroom is a potential danger spot, but it can be made almost accident proof. There are metal frames which fit around the toilet with firm arms to grip while getting up and down. There are also raised toilet seats which make it possible for the wheel chair patient to go to the toilet by himself.

For the *bathtub*, there are a variety of safety aids—a device with two handgrips so that the bather can lower himself into the tub; a bath seat that fits any type of tub; nonslip stools so that the bather can sit while he showers; and nonslip mats to stand on. Ask your doctor or visiting nurse about these aids or send to a surgical supply house for a catalog. Some of the equipment will cost a little money (unless you have a handyman who can make it) but it is a sound investment because it is one of the most important ways of helping the old person to retain his independence.

Electric light in the bathroom should be controlled by a wall switch, not a pullcord or socket switch.

The medicine chest needs frequent attention. For the whole family's protection, throw out all medicines that are no longer in use and store poisonous or otherwise dangerous products in a special place under lock and key where no one can get them accidentally. A special shelf in the medicine cabinet, or in his own room, helps the older person to keep his drug items separate and convenient.

Stairways should have securely fitted handrails. Bright lights at top and bottom are another must and they should both be controlled with a switch on each floor. In fact, it is now possible to get switches that turn lights on progressively so that grandma can turn on the light down the hall or in her own room from the same spot that she turns off the downstairs hall light. Loose rugs at the top and bottom of the stairs are treacherous and should not be used.

Door sills should be eliminated wherever possible.

The kitchen is another potential hazard area but—especially if your aged relative is a woman, or a man who has always liked to putter around the kitchen—it will pay you double dividends to arrange it so that the older person can work in it comfortably and safely. Dividend one: The older person can do a lot of the work you now do yourself. Dividend two: He will feel needed and useful and this is what helps to keep a person mentally alert and physically able.

Any new appliance coming into the home should be demonstrated and its use carefully explained if an older person is to use it.

The stepladder is not for older people, nor is the use of a chair as a substitute. The aging member should be persuaded that it is the part of the younger ones to do the reaching and climbing.

Whether in bathroom, bedroom, stairway, living room, kitchen or elsewhere, special precautions for the aged not only prevent the accidents that lead to helplessness, but contribute heavily to success in adding an aging member to the family group.

For good ideas on planning safe and convenient living arrangements which will benefit all the family, and particularly its oldest member, look up the publications listed under "Living Arrangements" on page 32 of the bibliography.

Remember, however, that while it is wise to take precautions against accidents, this doesn't mean treating the older person as if he were a fragile china doll. Having made the surroundings as safe as possible, encourage the venturesome streaks in your aging relative. Overprotectiveness is a fault more to be feared than underprotectiveness.

Clothing

Many older persons keep their interest in clothing and this—like all interests—should be nurtured and encouraged. Maybe it *would* be easier for you to pick up something appropriate and serviceable for your elderly relative in the course of one of your own shopping trips. But this leads to a kind of dependency which will ultimately become a burden to him and to you. So let the older person do his own shopping and make his own decisions, advising if you are asked, but never forgetting that this is his business—not yours.

Sometimes older people tend to lose interest in their appearance, take fewer baths, wear worn or dirty clothes. A little letting down on standards is natural in the later years, but if extreme, it may be a symptom of unhappiness. Instead of devoting your energies to getting the older person to spruce up, look for ways to cheer him up and the situation may correct itself. If not, consult a physician or mental health clinic.

Meal Planning

If there is a physical condition which makes a special diet necessary for anyone under your roof, the family physician is the one to decide and direct. If not, you can rest assured that, in general, what is good for the children and their parents is good for their grandparents. (See Bibliography for a good food guide.)

Undereating and overeating are both fairly common problems among older persons and the causes may be either physical or emotional.

Among the physical causes of undereating, dental troubles are perhaps the most frequent. However, there have been many recent improvements in dentistry for the aged, which your dentist can tell you about. Stiff or

shaky hands are another common reason why the elderly person may find eating a chore. Here again, there are many newly developed aids including especially designed and inexpensive eating utensils. (See "Overcoming Handicaps" section of the bibliography.) Advances in medicine can also help to check the undereating problem if the problem is a purely physical one, so talk to your doctor about it.

Unhappiness and other emotional troubles are usually behind the overeating problem, although they may also be a cause of undereating. If the physical has been ruled out and you have tried the suggestions for keeping the older person busy and happy (described in the paragraphs below), your doctor, clergyman, social worker or family counsellor may be able to give you a fresh insight into the cause of the trouble and what to do about it.

Whether the problem is physical or emotional, treat the cause, not the symptom. Nagging, scolding, lecturing are usually futile approaches to people of any age.

Keeping Active

With the modern equipment now available for minimizing handicaps, and with the progress that has recently been made in developing exercises to correct or retard disabilities, most people can remain quite active at any age. And nothing is more important for the health of the older person and for the happiness of everyone in the family.

The films on rehabilitation listed in the bibliography will be of special interest to you and your aging relative if arthritis, a stroke or any other illness has impaired his ability to get about easily and do things for himself. Get your club or a group of neighbors to arrange for showing the films (you'll find many people in your community are as interested as you are). Talk with your doctor about the materials listed under "Overcoming Handicaps" in the bibliography so that he can help his patient and you select self-help devices that will be most useful. Many of them can be made at home and some of the more costly ones are available free or for nominal fees in communities that have loan closets in hospitals, nursing societies or public health departments.

Many communities have physical therapy clinics or rehabilitation centers where exercises are carefully taught and where special equipment is available. Ask your doctor whether such facilities are available in your community—or even in a neighboring city. The value of the service makes a periodic short trip worth while.

As you look into this business of rehabilitation, you will be amazed at how much can be accomplished with a few simple devices and with a real determination to overcome the handicap. Advances in this field have come about so rapidly that many people are not yet aware of them. It is a tragic fact that literally tens of thousands of people are unnecessarily handicapped simply because they do not yet know about the new opportunities for minimizing their handicaps.

Canes, crutches and wheel chairs are constantly being improved. There are, for example, over 30 different kinds of attachments just for wheel chairs, each designed to lessen a certain type of handicap or to make it easier to carry out tasks from the wheel chair. There are lifts which enable severely paralyzed people to get in and out of cars and bathtubs. There are ingenious devices which reduce the difficulties of eating and working with crippled hands. Aids for the deaf and the blind are improving all the time. In fact, it is hardly an exaggeration to say that, by taking advantage of all that is now known about rehabilitation, it is possible for many handicapped persons to do most of the things they could do when they were able bodied.

Serving Others

A very effective way of promoting sound three-generation living is for the older member to shoulder responsibility for some of the work of the household.

Dressmaking, darning, mending, knitting or crocheting items for the children; dishwashing and other kitchen chores; watering the plants; baby-sitting; toy mending; furniture upkeep, painting and touchup; small scale gardening; a share in the care of a lawn; an assignment as family scribe or accountant—possibilities are next to endless, depending upon inventiveness, persons, natural or acquired aptitudes.

The end objective is to make the senior member feel that he is not only wanted, but needed; that his contribution is for the good of the whole family. Selective placement—the matching of the worker and the job to be done—can be as rewarding in the home as in the industrial plant.

Nor is there any reason why his usefulness should be limited to the home. There are any number of volunteer jobs that call for the special skills and services that an elderly person can supply. One oldster is having the time of his life calling square dances for a youth group. Another—a retired cabinet maker—gives lessons to do-it-your-selfers at a community recreation center. An old lady, who is no longer up to the speech-making she used to do, continues to serve the same worthwhile causes by stuffing and stamping envelopes. Your church or your Council of Social Agencies can help you fit grandma or grandpa to a volunteer job that badly needs doing.

Recreation

Day centers, where older people gather together for arts, crafts, games, conversation and other entertainment are springing up all over the country. Not only do they make leisure time pleasant, but they help to stave off the worst enemies of age—sickness and senility. At one of these centers in New York City, a record was kept of the members. It was found that people attending the center 6 months or more required an average of 40 percent less care from clinics and doctors.

"*Golden Age*" clubs have been mushrooming in the United States. There may be one in your community. Others are the "Happy Hour"

clubs; the "It's Not Too Late" groups; the "Three-Quarter Century" and "Over Sixty" clubs. Because such activities can be started and kept going on a relatively small budget, they are rapidly increasing in number and usefulness. If there is one where you live but you find that it does not meet your special need, you will probably find in it a source of experienced advice or of information for use in further search.

But even if there is a day center or club near you, remember that the oldest member of your family—just like the rest of us—wants a more intimate kind of recreation too. With car lifts, collapsible wheel chairs, and other such aids, he can go on car trips, picnics, and other family outings even when he's rather feeble. It may be a little trouble, but if you overlook the little things that contribute to keeping independence, your troubles may be compounded later. Family games in the evening and encouraging friends to visit are other ways of keeping the older person bright, alert and active.

Take this tip from a well known specialist in gerontology (i. e. diseases of the aged):

"The physical let-down (in the later years) is largely mental. Frustration, discouragement, unhappiness and fear are the hazards that lead to loss of appetite, insomnia, and then the physical break-up . . . The ounce of prevention must come from within. A plan is needed that will make useful and active the later years of life."

An Aging "Dead Center"

Many older people meet for themselves their special needs in the way of recreation. Grandma Moses is one in a long list of famous examples. They remain healthy and active past their seventies, through the eighties, often into the nineties.

If this is the situation in your three-generation family, there is usually little to worry about. If not, it will be up to you to do some adroit steering in the right direction.

Don't be in too much of a hurry. The first thing is to find out, if you do not already know it, the one thing that the aging relative has wanted

to do all his life, but for which he's never had the time or opportunity. It may be gardening, or fishing, or some other outdoor activity. It may be woodworking, designing, painting, cartooning, claymodeling, or some other creative effort. Or it may be guided reading or more formal study to make up for education cut short in youth. The satisfaction gained from such activities will be reflected in better mental and physical health. More than that, it will help to avert strains and tension, and to knit the family together.

So do what you can to encourage new interests and hobbies or to revive old ones. At first you may encounter only apathy or the apparent lethargy of old age. Patience, understanding, and skill can help you overcome these obstacles. If, however, you can't do the job by yourself, seek help from competent authorities in your community.

420851 O—57——3

Ask advice. More is being learned all the time about how people are motivated, and while you undoubtedly understand grandma or grandpa better than anyone else, it's quite possible that you can get some helpful ideas from specialists. If there is a mental health clinic, or a mental hygiene society in your community, find out what it has to offer. You can usually also turn to a physician, social worker, minister, or educator for help.

Scout the community in which you live to find out what it has to offer in the way of activities that will be most likely to interest the aged person. Much can be done by telephone. Younger members of the family can help too. They are often the first to know about a new club or other facility being opened in the neighborhood.

Counselling Services

Dr. Lillien Martin started her now-famous Old Age Counselling Center in San Francisco after she was retired at 65 as a professor of psychology at Stanford University. She continued brilliantly in active charge until her death at 92. Similar centers are as yet rare, but the need that Dr. Martin saw has resulted in the introduction of expert counselling in private and public organizations not so definitely specialized. Persistent search is almost certain to reveal some highly qualified person or group in your community.

Other Sources of Information and Help

Among those giving special attention to health and recreation for older people are: Religious organizations; city, county and State health and public welfare departments; field offices handling Old Age and Survivors Insurance (Social Security); Community Chests; Councils of Social Agencies; chapters of the American Red Cross; YMCA's, YMHA's and YWCA's; voluntary health and welfare agencies; local headquarters of fraternal and labor organizations; libraries; schools and colleges, many of which are now providing courses in adult education.

If you live in the country, these are some possibilities: County health and welfare offices; local offices of the Extension Service of the U. S. Department of Agriculture; local offices of State and county recreation and park departments; the Red Cross; local fraternal order groups; local activities of the Grange, Farm Bureau, Farmers' Union; farm cooperatives; home demonstration clubs; churches; libraries.

This listing can be only by way of suggesting. In fact, all that has been offered so far has been selected upon the limiting assumption that the aging member of your three-generation family is reasonably well and able to get about. For him, the goal is to keep doing "as much as he can, as well as he can, as long as he can." Use your doctor, your visiting or public health nurse, every community facility you can find to help you achieve that goal. Many of the aged who are now hopelessly dependent could have been helped to remain active if all that is now known about preventing such troubles had been available to them in time.

The aged person who is almost completely senile or disabled is quite another matter. His problem—and yours if he is a member of your household—is discussed in Part II.

breakdown and only complicate matters further. Without a too-rigid allocation of work, certain duties can be agreed upon as falling to each member of the family. A ready give and take attitude will oil the most overburdened domestic wheels.

Ordinarily the wife—or the homemaker—has the central position in any domestic arrangement. In home life complicated by the addition of an invalid relative advanced in years, the work and responsibilities of the wife and mother are heavily stepped up. To keep them within the limits of her time and energies is vital. A systematic approach will go a long way.

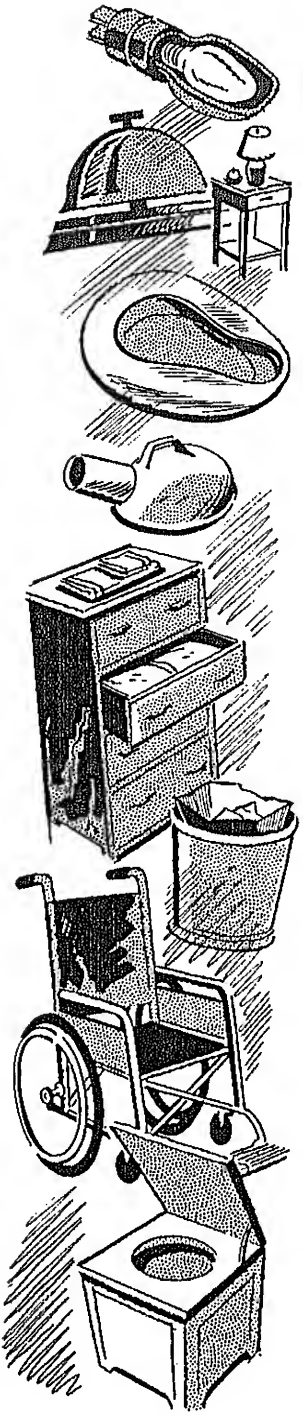
The Sickroom

Step saving is a great conserver of both time and energy. The selection of the invalid's room, therefore, is a matter for careful consideration. Obviously, the room should be as near as possible to bath and kitchen.

Get professional advice about organizing the sickroom. Your doctor may be able to suggest a good professional or practical nurse who can help you do this. One of the functions of the public health nurse is to teach home hygiene and the care of the sick. When a member of the family is ill, ask the community public health nurse or visiting nurse to come to your home to demonstrate approved nursing methods. This nurse may assist you to a clearer understanding of the physician's orders, and she can help you in many ways to make the patient more comfortable.

If a Red Cross home-nursing class is being taught in your community, some member of your family should enroll for this instruction. Your local Red Cross Chapter can tell you when and where the course will be given. In any event, study the Red Cross home nursing text book.

In short, don't try to cope with your problem in an amateur fashion. Find out right away—from every source you can—doctor, nurse, health agencies—the tips the experienced can give you. This will help your patient as well as yourself because it will keep you from doing for him things that, with proper management, he can do for himself.



Sickroom Furnishings

The doctor and nurse, who know the special needs of your patient, can best tell you what you need. Practically all sick rooms, however, require these essentials:

A bedside table, equipped with a bell so that the invalid can call you, and a low night light that will not shine in his eyes.

A cupboard or cabinet for bed pan, wash basin, soap and other toilet articles.

A chest of drawers for clothing, towels, bed linens, etc.

A waste basket lined with a paper bag for used tissues and other waste material.

A wheel chair or a comfortable regular chair for the patient to sit in (unless the doctor has ordered complete bed rest).

If a high bed is recommended, you can put your regular bed on blocks of wood. If the patient gets out of bed, however, you will also need a nonskid footstool. If he gets up quite a bit, a low, i. e., standard height, bed may be recommended.

A commode that is easy to use and looks like a chair can be made by removing the seat from a straight chair and fitting a special jar in its place; then covering it with a cushion.

In addition to these bare essentials, you will want to add other items for enjoyment—chairs for visitors, pictures, plants, etc.—but keep the room as uncluttered as possible so that it is easy to clean and to work in. If you have to choose, however, between cluttering up the room or removing something that gives pleasure to the patient, choose the clutter. Happiness is your patient's most important medicine.

Essentials of Care

Medical treatment and nursing care have to vary, of course, with the individual patient.

His diet, degree of helplessness, attitudes toward himself and others—these and many other factors make each case different. The housewife can only be guided by the physician in specific matters, and do the best she can to keep her patient clean, comfortable, and encouraged.

The Watchful Eye

Taking care not to display more than usual concern, the home nurse must be constantly on the watch for day by day changes in the condition of the patient. Negative developments should be reported immediately to the attending physician.

Falling off of appetite, faulty elimination, abnormal discharges, any new complaints or symptoms, change of color, unusual weakness or depression—these are danger signals to be quickly heeded. In an emergency the housewife can only do her best to keep the patient quiet and as comfortable as possible until the doctor's arrival. Home treatment without professional guidance can have harmful results.

Bedding and Toilet Linens

If you have a patient who is spending considerable time in bed, face up to the fact that you are going to have a lot of laundry. If the patient is incontinent (i. e., cannot control urine and bowel movements) the problem

is greater. However, waterproof padding, draw sheets, plastic urinals and other aids the nurse can tell you about, can help reduce the laundry problem.

Before you buy extra bedding consider the special wishes of your patient. Many prefer, for example, light soft blankets rather than cotton sheets. This is another good reason for consulting a nurse at the *start* of your enterprise, since this is just one of many tips she can give you.

The Bath

If the patient must be bathed in bed, your Red Cross home nursing course or text book will help teach the technique. But talk with the doctor and nurse about it also. Often the bath affords an opportunity to give the patient massage and exercise *provided* you have been carefully instructed about what kind of muscle toning will be helpful. Incidentally, whenever you bathe the patient, look for red pressure spots, especially on the bony parts—elbow, hips, base of spine, etc. These, if neglected, will develop into bed sores—and real trouble. It probably means you haven't been helping the patient to change position often enough. Consult the doctor or nurse about prevention—or if it is too late for that—treatment.

Artificial Aids

If the patient wears dentures, care must be taken to keep them clean and fresh. At night, he'll probably want them kept in a receptacle filled with water on the bedside table. Eyeglasses, hearing aids and other equipment should be kept clean, in good working order, and conveniently located at all times.

Diet

Dietary needs, habits and preferences are particularly varied and generalizations about them are next to impossible.

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Within the limitations of a prescribed diet, effort should be made to provide as wide a variety of foods as possible, with "eye" as well as taste appeal.

Time, labor and money can be saved by the selection and preparation of foods suitable for both the invalid and his family. If, for example, the patient requires soups, fresh fruits and vegetables with occasional lean meats and fowl, such a diet, with minor additions, has been found to be entirely acceptable to a family accustomed to heavier meals. Of course, if a rigid or classified diet is prescribed for the invalid no such plan can be followed.

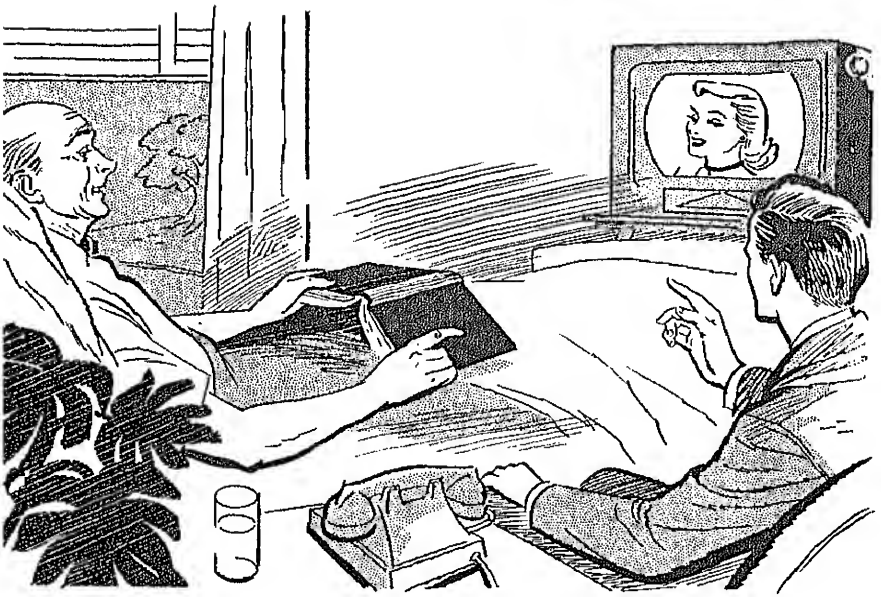
It's a good idea to have a special shelf or section in the refrigerator where you keep all the foods (as well as any medicine requiring refrigeration) that are used only for the patient.

Entertainment

Even the bed-bound person can still find life enjoyable, with a bit of help from you. Radio, TV and the bedside telephone do much to keep horizons wide. With a good light clamped on the headboard of the bed and a reading table (some will also hold a portable typewriter; some have automatic page turners), the reader or writer can keep himself entertained indefinitely. For failing eyes, there are talking books (write the Library of Congress, Washington D. C., if your library or Council of Social Agencies can't tell you about them). For failing hands, there are special kinds of pens and pencils.

A bed by the window with a bird feeder just outside has given tremendous pleasure to many an invalid. And there are even miniature garden possibilities for the outdoors man or woman who is now an indoor invalid.

Weaving, knitting, doing jig-saw puzzles—with ingenuity plus any hints the recreation people in your town can give you—it's almost certain that you can help the invalid whittle down endless hours of boredom. Even the seriously senile can often be entertained—with the kind of books and crafts that amuse children. In addition there are a number of household chores which the invalid enjoys doing—potatoes can be peeled, socks mended, and so on.



Older people, like others, enjoy company. See that everyone in the amily spends a little time with your patient each day and encourage friends o drop in. In some communities there are volunteers, frequently elderly hemselves, who serve as friendly visitors. Your Council of Social Agencies r public welfare office can tell you if your community has this service.

With proper equipment, guidance, and an optimistic and encouraging ttitude on your part, you'll be surprised and pleased to learn how much our apparently helpless patient can do for himself.

As to equipment, talk it over with the doctor, and, if you have access o one, a physical therapist.

Most patients need back rests so they can sit up in bed. These are easy o make—see your Red Cross Home Nursing text for instructions.

They also need foot protectors so that the bedding doesn't rest on he feet. Many a patient has been needlessly crippled with foot drop ecause the person caring for him didn't realize the importance of keeping

the feet braced against the footboard of the bed and keeping covers from pressing against the feet.

Bed trays are another almost universal need and it is wise to take pains to select the style most convenient for your patient.

Wheelchairs are now equipped with all sorts of devices designed to minimize a variety of handicaps. As a rule these can be rented from a hospital, health agency or other community facility. They are worthwhile if the patient can get out of bed at all because they do so much to give a person a feeling of independence.

Special utensils for eating and drinking do much to put off that sad day when the patient must suffer the ultimate of dependency—being fed by someone else. Don't worry if food gets spilled—a big plastic bib can take care of that. The important thing, unless the doctor advises otherwise, is to keep the invalid feeding himself.

The "Difficult" Patient

Just as there are difficult people of any age, there are difficult old people. In addition, older people are beset with greater problems. It's no more than fair that these should be taken into account, in sickness as in health.

The executive director of one of the country's most successful private homes for the aged was asked by a visitor if he could give the chief reason for a quite evident high level of morale of the more than 100 residents, whose ages ranged from about 65 to 104 years.

"Understanding," was his instant reply; "understanding and respect, and a real interest in each one as an individual." Then he added: "Another thing: like the customer to the wise storekeeper, the aged person, man or woman, is always *right*. Sure they get 'ideas', here or there hallucinations. If, in a rare case, a mental condition develops which in the judgment of our medical staff constitutes a danger to the resident himself or to others, then something has to be done; but short of this, to cross these good people, or to argue with them, accomplishes nothing. Those who are up and about are for the most part happy and healthy. Maybe there is a connection."

It is well to remember that what is called senility is not senility to the senile. They, like the very young, are just saying and doing "what comes natural." The aged are prone to live in the past, or in a world of their own imagining, simply because the present and the future seem to hold so little.

Call it "senility" or what you will, is it any wonder that, if faced with a helpless present and a bleak future, the invalid may become "difficult"? If *his* life can be made more interesting, *your* life will be less difficult.

Easy or hard to serve, it is important to make allowances, to try to give help in the spirit and of the quality that go with "understanding and respect."

Give Yourself A Treat

If the elderly member of your household needs to have someone with him constantly, be sure that the someone is not always *you*. If the job has become too complicated for other members of the family or helpful friends, investigate the possibility of getting a practical nurse to come in occasionally. Then leave the house and all responsibilities behind you. You need this bracer and, in the long run, you'll give your invalid better care. A licensed practical nurse is a person who has had special training and supervised experience. Your doctor or public health department can probably help you locate one.

For very acute and serious illness, a registered nurse may be the answer. Talk this over with your doctor.

Part III

Care Outside the Home

Whether it is better for an aged person to live with his relatives or to enter a nursing or old people's home is a question that arises whenever it is no longer practical for him to maintain a separate establishment.

Some elderly people adjust easily to group living and thrive on it. Some never adjust to it and feel lonely and bitter about what they deem to be rejection by their loved ones.

Often, however, the feelings of the old person and of his family have less effect on the final decision than does the availability of a suitable place. Homes and institutions that offer good care at costs people with moderate incomes can afford are few and far between.

There is no national directory of such homes. Your best sources of information (if you and your aged relative decide this is the answer) are your doctor, your clergyman, your Council of Social Agencies, your health and welfare departments.

If there is a home in your community which your relative is eligible to enter (many will accept only well persons; many have long waiting lists), these are some of the things you will want to look into before you make a decision:

Location aud Atmosphere

The idea that older people prefer the quiet of remote country places has been discredited by recent studies. If they can get about, they like to be near church, stores, and other community facilities. Even if they are housebound, they feel less "on the shelf" if they live where it is easy for their families, friends and relatives to drop in to see them often.

The atmosphere of the place should be that of a pleasant home. No matter how small, it should have at least one large sunny living room,

easily accessible to all the residents and arranged to encourage companionship and activity. The dining room should also be cheerful, and spacious enough so that wheelchair patients will not feel crowded. Desirable, also, are recreation rooms for crafts and games, small sitting rooms where guests can receive visitors, a well-stocked and well-lighted library and facilities for holding religious services.

Each bedroom should have at least one outside window and should be large enough to give each occupant at least 80 square feet of floor space. A private room is preferable. If this is not available, there should be no more than four persons to a room. Each bedroom should open directly onto the hall and persons who are bedridden or cannot walk without assistance should have a room on the first floor.

In general, the requirements as to warmth, safety, equipment, etc., that apply to a suitable room for an old person in one's own home (discussed in Parts I and II) apply to the room which he would occupy elsewhere. The bathrooms in homes caring for old people should be equipped with all the safety and convenience features discussed on pages 6 and 7. To help you assess whether a home has adequate bathroom facilities, the experts suggest the following: At least 1 toilet for every 6 persons, 1 wash stand for every 8, and 1 tub or shower for every 10. It should never be necessary for a resident to climb stairs to reach toilet and washing facilities.

Safety

In addition to the safety precautions necessary in a private home where an old person lives, homes where several old people live should be equipped with special protections against fires. At least two well separated exits from every floor, a sprinkler system (unless the building is constructed of fire proof material), special arrangements with the fire department for prompt service are some of the basic protections. It's a good idea to check with your fire department to find out if the home you are considering has been inspected and cleared for fire safety within the year.

Essential Services

Health and welfare agencies, nursing home operators, religious groups and many others are interested in securing better institutional care for aged persons. Because of such efforts, licensing requirements are being strengthened, standards raised, and many dangerous and unsafe homes are either being improved or closed. Nevertheless, there are still homes in existence that depend on sedatives rather than service. So don't limit your investigation to the physical facilities of the home you are considering; what is offered over and above safe and comfortable shelter is equally important. For example, diet is especially important in the care of older people. It is wise therefore, to look into the home's facilities for serving well prepared and nourishing food.

As with private home care, the test of a successful institution is whether it provides the services necessary to help and stimulate each guest to do "as much as he can, as well as he can, as long as he can."

For the well and partially handicapped, this means retaining as much independence as possible. There should be freedom to come and go. There should be opportunity for social and recreational activities.

For the bedbound or seriously handicapped, the home should be equipped to provide good medical, nursing and supporting services. Any home that cares for elderly invalids should be under medical supervision. Skilled nursing care is also essential.

In Sum

The possibilities are great today for older people to enjoy busy and useful lives. They can continue to play an active and constructive role in the life of their families and community. We need their judgment, their experience, their stability.

It is within the circle of the family that these traits can be realized most effectively and most completely. For the older person a full and integrated family life can spell the difference between loneliness and fulfillment—between frustration and independence. It's up to you to make the three-generation family flourish and succeed.

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